

County of Erie – State of New York

RETURN OF TAX ON OCCUPANCY OF HOTEL ROOMS

(Pursuant to Chapter 614 of the Laws of the State of New York)



Due by _____
For the Period _____

HOTEL NAME _____
OWNER _____
ATTN: _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

TAX ID NO. _____

Hotel/Motel Address:
Name _____
Address _____

Type of Establishment:

Hotel _____
Motel _____
Apartment Hotel _____
Lodging House _____
Other (describe) _____

(Please correct any errors on the above)

Business Activity:
Number of rooms _____
If Final Return, check here _____

Date Business Started _____
Reason for Final _____
Sold To _____
Other _____

Computation of Tax:

1	Gross Room Rentals	\$	_____
2	Less: Non-Taxable Room Rentals supported by an Exemption Certificate	\$	_____
3	Less: Rental for Stays of 30 Days or More by a Guest	\$	_____
4	Net Taxable Room Rentals (Line 1 Minus Line 2 Minus Line 3)	\$	_____
5	Tax Due _____ % of (Line 4)	\$	_____
6	Penalty (5% of Line 5 due the first month of delay after the due date)	\$	_____
7	Interest (1% of line 5 for each month of delay excepting the first month of delay after the due date) ...	\$	_____
8	Total Due	\$	_____

This return must be filed with your remittance in full for the amount of the tax within 20 days after the period covered by the return to avoid imposition of penalties. Make remittance payable to "Erie County Comptroller". Please mail your return to ERIE COUNTY COMPTROLLER, 95 FRANKLIN ST, ROOM 1100, BUFFALO NY, 14202.

Certificate of Taxpayer:
I hereby certify that this report, including any
schedules, is to the best of my knowledge and
belief a true and complete return.

FOR OFFICE USE ONLY

Signature (Agent, Officer of Corp., Etc.)

Print Name

Date

Print Title

Telephone No.